

DEPARTMENT OF CORPORATIONS
COMPLAINT FORM

1. Your full name (print) (Identifies you as the Complainant)

Your residence address (Street, City, State and Zip Code)

County

Your business address (Street, City, State and Zip Code)

County

Your occupation

Business phone #

Residence phone #

I DECLARE I HAVE A COMPLAINT AGAINST:

2. Full Name of business, company, firm, or person

Street address of business (Room #, Suite #, or Apt. #, if any)

City

State

Zip Code

County

Business Phone #

3. Full name of salesperson, agent or other representative

Employed By:

4. Have you had a previous business or personal relationship with the firm or any of its partners, officers, directors or controlling persons?☐ No☐ Yes☐ Business☐ Personal

How Long?_____

If YES, and the relationship was a business relationship, please provide exact name of entity invested in, amount invested and type of interest received, and indicate the nature and duration of the relationship. If the relationship was personal, please indicate the nature and duration of the relationship and who it was with.

5. Date(s) of transaction (investment)

How and when did you first hear of the investment opportunity
(e.g. Ad in LA Times on_____, personal contact by_____).

Place(s) where transaction(s) occurred

Amount(s) invested

6. Have you contacted the business or person regarding your complaint?

☐ No

☐ Yes

Date(s)

_____If YES, person(s) contacted

Results of Contact:

7. Have you filed this complaint with another law enforcement or consumer protection agency? If YES, provide name and address of agency, and the person handling it.

☐ No

☐ Yes

8. Have you or any other victims filed a civil action (lawsuit) in any court? YES, provide name of county/case number/date. Provide copy of court documents.

☐ No

☐ Yes

9. Are you willing to appear as a witness, be sworn, testify and be cross-examined concerning the allegations made in this complaint?

☐ No

☐ Yes

If NO, give reasons

10. A. Please estimate your net worth excluding home, home furnishings, and automobiles, and check the appropriate box.

- | | | |
|--|--|--|
| <input type="checkbox"/> \$10,000 - \$50,000 | <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$100,001 - \$150,000 |
| <input type="checkbox"/> \$150,001 - \$200,000 | <input type="checkbox"/> \$200,001 - \$250,000 | <input type="checkbox"/> \$250,001 - \$300,000 |
| <input type="checkbox"/> \$300,001 - \$350,000 | <input type="checkbox"/> \$350,001 - \$400,000 | <input type="checkbox"/> \$400,001 - \$450,000 |
| <input type="checkbox"/> \$450,001 - \$500,000 | <input type="checkbox"/> \$500,001 - \$550,000 | <input type="checkbox"/> Over \$550,001 |
-

10. B. Please estimate your annual gross income and check the appropriate box.

- | | | |
|---|--|--|
| <input type="checkbox"/> Under \$25,000 | <input type="checkbox"/> \$25,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$75,000 |
| <input type="checkbox"/> \$75,001 - \$100,000 | <input type="checkbox"/> \$100,001 - \$150,000 | <input type="checkbox"/> Over \$150,001 |
-

11. Please explain in detail your previous investment experience. Indicate type of investment, amount invested and date of investment.

12. Did you rely on the business or financial experience of someone other than yourself. YES, who? Please detail.

13. List names, addresses and phone numbers of other individuals who may have invested, or may have further knowledge of the investment.

14. Copies of the following documents (as checked below) are attached to, incorporated and made a part of this complaint.

Type of Document	Attached	Not Available
Advertising Materials	<input type="checkbox"/>	<input type="checkbox"/>
Agreements/Contracts	<input type="checkbox"/>	<input type="checkbox"/>
Promissory Notes (If any)	<input type="checkbox"/>	<input type="checkbox"/>
Cash Receipts	<input type="checkbox"/>	<input type="checkbox"/>
Canceled Checks (Front & Back)	<input type="checkbox"/>	<input type="checkbox"/>
Escrow Instructions, Amendments & Closing Statements, (If any)	<input type="checkbox"/>	<input type="checkbox"/>
Copies of all documents which relate to your complaint and which are not listed above	<input type="checkbox"/>	<input type="checkbox"/>

15. In a brief statement tell us the full story beginning with date of first contact to present. Keep dates of events in sequence and include misrepresentations. (Refer to attached guidelines for further instructions.)

NOTE: Include full names of individuals, including all witnesses present during the transaction(s).
Be factual. Try to answer the questions "who", "what", "where" and "when".
Attach extra sheets if more space is needed.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING STATEMENTS AND PHOTOCOPIES OF ATTACHED DOCUMENTS ARE TRUE AND CORRECT.

Date

Signature of Complainant